



DIVISION OF BUILDING STANDARDS  
 COUNTY OF SUMMIT ♦ EXECUTIVE ILENE SHAPIRO  
 1030 E. TALLMADGE AVENUE ♦ AKRON, OHIO 44310  
 330.630.7280 ♦ FAX: 330.630.7296  
 buildingstandards.summitoh.net

# FIRE PROTECTION SYSTEM PERMIT APPLICATION

PERMIT #

<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> EXISTING <input type="checkbox"/> ALTERATION <input type="checkbox"/> RETRIEVE PERMIT BY WEB (DEFAULT) <input type="checkbox"/> SEND PERMIT BY EMAIL <input type="checkbox"/> SEND PERMIT BY FAX	<input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SPRINKLER <input type="checkbox"/> FIRE ALARM/DETECTION <input type="checkbox"/> CLEAN AGENT <input type="checkbox"/> UG FIRE MAIN <input type="checkbox"/> HOOD SUPPRESSION
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JOB ADDRESS _____
VILLAGE/TWP/CITY _____
BUILDING PERMIT# _____
PARCEL # _____ SQ. FT. _____
DATE _____ INIT. _____

## PROJECT INFORMATION:

\*THIS FORM IS NOT TO BE USED FOR PLAN REVIEW APPLICATION

PROJECT NAME _____			
PROPERTY OWNER _____			
ADDRESS STREET _____	CITY/TOWN _____	STATE _____	ZIP _____
TELEPHONE # _____	CELL # _____	E-MAIL _____	

LICENSED CONTRACTOR _____		EMAIL _____	
ADDRESS STREET _____	CITY/TOWN _____	STATE _____	ZIP _____
TELEPHONE # _____	CELL # _____	FAX # _____	

## PAYMENT METHOD:

CHECK # _____	<input type="checkbox"/> CASH <input type="checkbox"/> M/C <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX <input type="checkbox"/> VISA
LICENSED CONTRACTOR SIGNATURE _____	DATE _____
PROJECT DESCRIPTION _____	

## FEE SCHEDULE:

<b>RESIDENTIAL:</b> APPLICATION FEE .....\$ 90  FIRE ALARM.....\$1.00/100 SQ. FT.....	<b>COMMERCIAL:</b> APPLICATION FEE .....\$90 SPRINKLER/DRY CHEMICAL .....\$1.50/100 SQ. FT..... FIRE ALARM .....\$1.00/100 SQ. FT..... HOOD SUPPRESSION.....\$60 EACH..... UG FIRE MAIN .....\$60 EACH.....
*A RE-INSPECTION FEE will be charged for each failed inspection, Residential and Commercial *Fees are payable in advance and not refundable	1st Re-inspection.....\$30.00 2nd Re-inspection.....\$30.00 3rd Re-inspection.....\$60.00 4th Re-inspection.....\$80.00
SUB-TOTAL _____ 1% RESIDENTIAL/3%COMMERCIAL OBBS FEE _____ TOTAL FEES DUE _____	

